

10/01/89

jc923 U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|  |           |
|--|-----------|
| Attorney Docket No.                            | 35.C15728 |
| First Named Inventor or Application Identifier |           |
| SHINICHI KAWATE                                |           |
| Express Mail Label No.                         |           |

PTO

08/29/91 10642

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)2.  Applicant claims small entity status.  
See 37 CFR 1.27.3.  Specification Total Pages **64**4.  Drawing(s) (35 USC 113) Total Sheets **13**5.  Oath or Declaration Total Pages \_\_\_\_\_a.  Newly executed (original or copy)b.  Copy from a prior application (37 CFR 1.63(d))  
*(for continuation/divisional with Box 17 completed)*i.  **DELETION OF INVENTOR(S)**  
Signed Statement attached deleting  
inventor(s) named in the prior application, see  
37 CFR 1.63(d)(2) and 1.33(b).6.  Application Data Sheet. See 37 CFR 1.76**ADDRESS TO:**Commissioner for Patents  
Box Patent Application  
Washington, DC 202317.  CD-ROM or CD-R in duplicate, large table or Computer  
Program (Appendix)8.  Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*a.  Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i.  CD-ROM or CD-R (2 copies); orii.  paperc.  Statements verifying identity of above copies**ACCOMPANYING APPLICATION PARTS**

- |   |   |  |
|---|---|--|
| 9. <input type="checkbox"/>             | Assignment Papers (cover sheet & document(s))                                     |  |
| 10. <input type="checkbox"/>            | 37 CFR 3.73(b) Statement<br><i>(when there is an assignee)</i>                    | <input type="checkbox"/> Power of Attorney       |
| 11. <input type="checkbox"/>            | English Translation Document <i>(if applicable)</i>                               |  |
| 12. <input type="checkbox"/>            | Information Disclosure Statement (IDS)/PTO-1449                                   | <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/>            | Preliminary Amendment   |  |
| 14. <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>    |  |
| 15. <input type="checkbox"/>            | Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i> |  |
| 16. <input type="checkbox"/>            | Other: _____  |  |

**17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No. 1 \_\_\_\_\_  
*Prior application information:*    Examiner \_\_\_\_\_    Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

|   |  |          |  |
|---|--|----------|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 05514<br>(Insert Customer No. or Attach bar code label here) |          |  |
| or <input type="checkbox"/> Correspondence address below              |  |          |  |
| NAME  |  |          |  |
|   |  |          |  |
| Address   |  |          |  |
|   |  |          |  |
| City  | State  | Zip Code |  |
| Country   | Telephone  | Fax      |  |

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| CLAIMS | (1) FOR  | (2) NUMBER FILED      | (3) NUMBER EXTRA | (4) RATE                      | (5) CALCULATIONS |
|--------|--|-----------------------|------------------|-------------------------------|------------------|
|        | TOTAL CLAIMS<br>(37 CFR 1.16(c))   | 87 <sup>+</sup> -20 = | 67               | X \$ 18.00 =                  | \$1206.00        |
|        | INDEPENDENT CLAIMS (37 CFR 1.16(b))  | 2-3 =                 | 0                | X \$ 80.00 =                  | \$0              |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))                 |                       |                  | \$270.00 =                    | \$ 270.00        |
|        |  |                       |                  | BASIC FEE<br>(37 CFR 1.16(a)) | \$ 710.00        |
|        |  |                       |                  | Total of above Calculations = | \$2186.00        |
|        | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). |                       |                  |                               | 0                |
|        |  |                       |                  | TOTAL =                       | \$2186.00        |

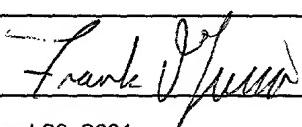
## 19. Small entity status

- a.  A small entity statement is enclosed
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

20.  A check in the amount of \$ 2186.00 to cover the filing fee is enclosed.21.  A check in the amount of \$ \_\_\_\_\_ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a.  Fees required under 37 CFR 1.16.
- b.  Fees required under 37 CFR 1.17.
- c.  Fees required under 37 CFR 1.18.

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |   |        |
|---|---|--------|
| NAME  | FRANK A. DeLUCIA  |        |
| SIGNATURE   |  | 42,476 |
| DATE  | August 28, 2001   |        |